PTC/S8/06 (08-03) Approved for use through 7/31/2006, OMB 0651-0032

Under the Paperwork R	aduction Act	of 1995, n	o persons are req	ubed to respond	ID 8 COLECTION OF 8	formation unit	Les a cistor	PARTMENT C	control number
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniter PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-8/5							747757/		
CLAIMS AS FILED - PART I (Column 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR NUMBER FILED		, NUMB	, NUMBER EXTRA		FEE		RATE	FEE	
BASIC FEE D7 CFR 1.18(a))					,	OR		,	
YOYAL CLAMS D7 CFR 1,18(c) minus 20				×3		08	X 5 .	-	
NOEPENOENT CLAIMS D7 CFR 1.18(b)) minus 3 a					<del> </del>	1		<del> </del>	
				X3		OR	** <u>*</u>	<del> </del>	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					1 1 1	<del> </del>	OR	+5	
* If the difference in column 1 is less than pero, enter "O" in column 2.					, TOTAL	L	OR	TOTAL	L
CLAIMS AS AMENDED - PART II									
			(Calumn 2)	(Column 3)	SMALL	ENTITY	OR	. OTHER SMALL	
	CLAIMS EMAINING AFTER IENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADOI- TIONAL/ FEE		RATE	ADCI- TIONAL FEE
Total Car	6	Minus	20	• /	430	- /	OR	X 8 =	
Construction .	.:].	Minus	-3	. /	×.4=	7	OR :	X 8=	1.
FIRST PRESENTATION	OFMULTIPL	E DEPO10	ent cláss pro	FR 1.18(0)	+: .	7	OR	+5	1
141					TOTAL ADDL FEE		OR	TOTAL' ADD'L FEE	/
RCS (Column 1) (Column 2) (Column 3)									
	CLAIMS MAINING AFTER ENDMENT		HIGHEST - NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	AODI: TIONAL FEE
Total CP CPR LINCO	20	Minus	- 20		X 5 =		-02	X3	
Z Independent	3	Minus	<del>".3</del>	•	**		OR	X 5	
FIRST PRESENTATION OF MALTIPLE DEPONDENT CLAIM (37 CFR 1,18(4))							OR		
					TOTAL		•	TOTAL	
2-1-07					ADD'L FEE		OR	ADD'L FEE	
/ (0	OLAMS		(Column 2) HIGHEST	(Column 3)	·		•	<del></del>	
RE AM	MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE.	ADDI- TIONAL FEE
Chert Book	ಖ	Minus	- 20		x 8•		OR	X \$ o	
Z independent (27 CFR 1,1480)	3	Minus	3	<u>:</u>	× 4 4	•	OR	x s	. //
FREST PRESENTATION OF MULTIPLE DEPENDENT QUAIM (37 OFR 1.10(0))					+8		OR		X
TOT ADQ							OR	TOTAL ADDL FEE	·. /\ ]
* If the entry in column ** If the "Highest Number	er Pre-dousty	Paid For	in column 2, with IN THIS SPACE I	s less than 20. e	nter '20'.	<del>,</del>			7 1

"", if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "5.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is negatized by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to site (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you nequire to complete this form analytic suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Peterd and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT-SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.